



The Wisconsin Restaurant

Yes, I'll Participate In The Accommodation Program.

Please send me a FREE Source Book of information
and an order form for other FREE materials.

Your Name (please print clearly) _____

Your Title _____

Business Name _____

Restaurant Fine Dinning Mid-scale Quick Service Hotel Bowling Center
 Shopping Mall Stadium/Arena Casino Bar/Tavern Airport Association
 Other (please specify) _____

Chain Operator Independent Operator Local Regional National

Business Address _____

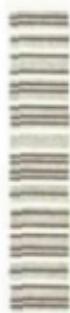
City State Zip _____

Phone (____) _____ Fax (____) _____

Yes, you may use my establishment's name as a participant of
The Accommodation Program in promotional materials and advertising.

Signature _____

Source: <https://www.industrydocuments.ucsf.edu/docs/hrgp0003>



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